PHARMACARE NEWSLETTER

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This newsletter provides information on the Pharmacare program for British Columbia's community pharmacists. Please circulate among dispensing staff.

Pharmacare on the Web:
www.healthservices.gov.bc.ca/pharme

Dispensing Fees

The maximum allowable dispensing fee will increase to $8.25, effective December 1, 2002.

Assumed Special Authorities (SA)

When the Assumed SA process was implemented effective October 1, 2002, some designated specialties were inadvertently missed. In situations where a specialist had more than one specialty, only the most recent specialty was identified. This resulted in certain claims not generating an Assumed SA.

This error has now been corrected. As of November 22, 2002, all medications claimed on or after October 1, 2002, and prescribed by any designated specialty group noted in the original announcement, have been reviewed and the proper Assumed Sas have been created.

Our apologies for any inconvenience caused.

PIN 999105 (Needles/Syringes – Insulin Use Only) discontinued February 1, 2003

There have been two active PINs (999105 and 999725) for needles and syringes for insulin-dependent diabetic patients. Effective **February 1, 2003**, PIN 999105 will be discontinued. Please use PIN 999725 only for needles and syringes for insulin-dependent diabetic patients.

Needles / Syringes Audit Report

Pharmacare provides coverage for needles and syringes only for insulin-dependent diabetic patients. In past years, a number of patient profiles showed paid claims for PIN 999105 (Needles /Syringes – Insulin Use Only) but did not show claims for insulin.

Claims submitted in 2000 and 2001 for the PIN 999105 were audited this year. When a patient's profile did not include claims for insulin, the pharmacy was mailed the relevant claims information with a request for an explanation of the use of that PIN.

The first 63 letters were mailed in August 2002 and resulted in the recovery of $33,600 in Pharmacare overpayments. A further 78 letters, mailed in mid-September 2002, resulted in the recovery of $12,300 in overpayments. As always, pharmacists were extremely helpful and the auditors appreciated their cooperation.

In the next few months, Pharmacare Audit will review claims submitted in 2002 for the appropriate use of PIN 999105 and 999725.

A common claim error occurred when Plan C (Social Assistance) or Plan P (Palliative Care) patients were prescribed injectable medications. As Pharmacare does not cover the cost of needles and syringes in these situations, PIN 66123227 (Non-Benefit for Non-Drug Medical Supplies) should be used for all such claims. (For more information refer to the *Pharmacare/PharmaNet: Policies and Procedures Manual*, Section 10.6.1.)

Social Assistance clients may wish to contact their Ministry of Human Resources social worker regarding coverage for these items.

Palliative Care information is available through the *British Columbia Hospice Palliative Care Association* in Vancouver at 604-806-8821 or toll-free at (toll-free) 1-877-422-4722 or through the local health authorities:

- Northern Health Authority (250) 565-2649
- Interior Health Authority (250) 862-4200
- Vancouver Island Health Authority (250) 370-8699
- Vancouver Coastal Health Authority (604) 736-2033
- Fraser Health Authority (604) 587-4600

Special services fees

The number of Special Services fees paid for by Pharmacare over the past twelve months are:

DATE	NO. OF FEES
Nov 2001	5405
Dec 2001	5149
Jan 2002	3244
Feb 2002	2981
Mar 2002	3288
Apr 2002	3581

DATE	NO OF FEES
May 2002	3789
June 2002	3804
July 2002	4061
Aug 2002	4105
Sept 2002	4071
Oct 2002	4768

New Benefits

The following new products have been included as eligible Pharmacare benefits on Plans A,B,C,E and F:

DIN	MAN	DRUG NAME	Long Term	Palliative Care Eligible
2241148	UNK*	MONOCUR® (bisoprolol fumarate)	Y	Y
2241149	UNK*	MONOCUR® (bisoprolol fumarate)	Y	Y

* Biovail

LCA updates

Tiazac (diltiazem) ER cap

Due to feedback received from the manufacturer and community pharmacists, effective October 31, 2002, Tiazac (diltiazem ER cap) 120mg, 180mg, 240mg, 300mg capsules have been changed from partial to full status. This change is an interim measure to assist community pharmacists and their patients while Pharmacare fully reviews the information provided by the manufacturer. The product will remain a full benefit for at least 3 months.

Drugs under review

The following drug submissions are currently under review by the Drug Benefit Committee of Pharmacare:

anakinra (KINERET®)	mometasone furoate (AZMAX Twisthaler®), resubmission
ancestim (STEMGEN®)	peginterferon alfa-2b + ribavirin (PEGETRON®)
alfuzosin (XATRAL®)	rabeprazole (PARIET®)
bimatoprost 0.03% ophth soln, (LUMIGAN®)	repaglinide (GLUCONORM®), resubmission
botulinium toxin (BOTOX®), new indication	rivastigmine (EXELON®), resubmission
clopidogrel (PLAVIX®) new indication	tacrolimus ointment (PROTOPIC®)
desmopressin tabs (DDAVP), resubmission	17-b-estradiol (VAGIFEM®)
desmopressin accetate Injection (OCTOSTIM®)	tegaserod hydrogen maleate (ZELNORM®)
donepezil (ARICEPT®), resubmission	testosterone USP (ANDRODERM®)
eprosartan (TEVETEN®), resubmission	trandolopril (MAVIK®), resubmission
filgrastim (NEUPOGEN®), new indication	unoprostone 0.15% (RESCULA®), submission withdrawn by manufacturer Nov. 6/02
fondaparinux sodium (ARIXTRA®)	Zyprexa® 15mg tablets (OLANZAPINE®)
glimepiride (AMARYL®)	